

**COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-51-041205**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 1002 Registrar's No. 5887

STATE FILE NUMBER

AMENDED

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <b>65 years</b>		d. STREET ADDRESS (If outside, give location) <b>3720 Wyandotte Street</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED - (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<b>JAMES</b>	<b>MARKUS</b>	<b>PATTON</b>	<b>November</b>	<b>23</b>	<b>1961</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/25/95</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Chief Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Optical Company</b>	11. BIRTHPLACE (City and state or country) <b>Independence, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Joseph Patton</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Caroline Sneed</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Evelyn Patton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service.) <b>No</b>	17. INFORMANT <b>Grace E. Patton, 3720 Wyandotte St.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>In cancer</b>		<b>6 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Metastatic Ca - Brain G.I.</b>	<b>8 MO.</b>
	DUE TO (c) <b>Primary - Lung.</b>	<b>5 YRS.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **1956** to **23 Nov 61** and last saw him alive on **23 Nov 61**  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Robert M. Myers M.D.</b>	22b. ADDRESS <b>906 Grand Ave.</b>	22c. DATE SIGNED <b>24 Nov 61</b>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 25, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Johnson Co. Memorial Gardens Johnson County Kansas</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-24-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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DOCUMENT

BY AFFIDAVIT OF ROBERT M. MYERS MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 7035

P. O. Address *[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.